

<b>Case Number:</b>	CM13-0044796		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a [REDACTED] employee who has filed a claim for neck sprain and low back pain associated with an industrial injury of February 08, 2013. Thus far, the patient has been treated with acetaminophen, NSAIDs, opioids, methocarbamol, physical therapy, electrode treatments, massage, chiropractic therapy, hot/cold packs, and lumbar epidural steroid injection. A review of progress notes report intermittent moderate neck pain radiating to the shoulders and left arm, and low back pain radiating to the legs, greater on the left. With regards to the cervical spine, there is tenderness of the cervical region. With regards to the lumbar spine, there is tenderness of the paravertebral musculature with spasms, and restricted range of motion. Findings include positive straight leg raise test on the left. The patient experiences difficulty sleeping due to the pain. Of note, the patient has had a previous injury to the low back leading to herniation of a lumbar disc, prior to occurrence of the current injury. There is mention of lumbar MRI results of 3-4mm disc protrusion at L2-3. A utilization review dated October 28, 2013 indicates that the claims administrator denied a request for repeat MRI of the lumbar spine as there was no documentation of a neurological examination or presence of red flags.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**REPEAT MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Indications for imaging- Computed tomography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted on pages 303-304 of the ACOEM Guidelines, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, the patient presents with new-onset symptoms suggestive of lumbar radiculopathy since August 2013. However, there are no plain films prior to the request for MRI, nor are there findings that identify the specific nerve compromise in this patient. Also, there is no documentation of a failure of conservative management strategies since the onset of these symptoms. Therefore, the request for an MRI of the lumbar spine is not medically necessary and appropriate.